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36802 7590 12/22/2004

**PACESETTER, INC.**  
**15900 VALLEY VIEW COURT**  
**SYLMAR, CA 91392-9221**

03/11/2005 HGBREN2 00000030 160068 10043927

01 FC:1501 1400.00 DA  
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

**Cristene Amador** (Depositor's name)  
*Cristene Amador* (Signature)  
 03/11/05 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/043,927	01/11/2002	Paul A. Levine	A02P1005US01	9382

TITLE OF INVENTION: SYSTEM AND METHOD WITH IMPROVED AUTOMATIC TESTING FUNCTIONS FOR DEFINING CAPTURE THRESHOLDS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	03/22/2005
EXAMINER		ART UNIT	CLASS-SUBCLASS		
JASTRZAB, JEFFREY R		3762	607-028000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 \_\_\_\_\_  
 2 \_\_\_\_\_  
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**PACESETTER, INC.**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**15900 Valley View Court**  
**Sylmar, CA 91392-9221**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Derrick Reed*

Date

3/11/05

Typed or printed name

**Derrick Reed**

Registration No.

**40,138**

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**TELECOPIER COVER SHEET**

March 11, 2005

<b>To: Assistant Commissioner for Patents</b>	<b>From: Cristene Amador Senior Patent Assistant 818/493-3103</b>
<b>Attention: BOX ISSUE FEE</b>	<b>ST. JUDE MEDICAL CRMD</b> 15900 Valley View Court Sylmar, California 91392-9221
<b>Telecopier: 703/746-4000</b>	<b>Telecopier: 818/362-4795</b>
<b>RE: Payment of ISSUE FEE</b> Applic. No. 10/043,927 Filed: 01/11/2002 Docket No. A02P1005US01	<b>Number of pages being sent:</b> <u>2</u> (including cover page)